571.1

ARIZONA STATE DEPARTMENT OF HEALTI DIVISION OF VITAL STATISTICS STATE FILE NO

5319

				- AC ACATU		-0
!			CERTIFICAT	E OF DEATH	OFFICE NO.	:
	BIRTH NO.				REGISTRAR'S NO.	<del></del>
<del> 0∜</del> ⊺	1. PLACE OF DEATH			2. USUAL RESIDENCE	(WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE	E BEFORE
19 97	A. COUNTY			A. STATE Arizons		G11a
DEATH	Gila	1			3	GILEA
DEATH 177 18004 SIDENCE		OPPOPATE LIMITS WRITE I	C. LENGTH OF STAY		CORPORATE LIMITS, WRITE	RORREI
76' I	OR RU	IRAL)	IN THIS PLACE IN ARIZONA	or Town San C	omlog	
75004 I	TOWN San Car	·los	/ llife	JOWN San U		
SIDENCE	D FIRE NAME OF ALL	F NOT IN HOSPITAL OR INS	STITUTION, GIVE STREET	D. STREET	(IF RURAL,	GIVE LOCATION:
: / I	HOSPITAL OR	ADDRESS OR LOCATION	_	ADDRESS		
6	INSTITUTION S	San Carlos India	m Hospital			IE COLOR OR RACE
7		(FIRST) B.	(MIDDLE) C.	(LAST)	4. SEX	5. COLOR OR RACE
1 1	DECEASED			Delene	Male	Indian
1 1	(TYPE OR PRINT)	Festus		Pelone	19A, USUAL OCCUPATION	
- 人		7. DATE OF BIRTH	8. AGE	IF UNDER 24 HOURS	9A USUAL OCCUPATION	E, EVEN IF RETIRED).
: 5I	NEVER MARRIED	MONTH DAY YEAR	YEARS MONTHS DAYS	HOURS MIN.	1	
ENT 1	WIDOWED   DIVORCED	1869	8 <b>0</b> l l	<u> </u>	none	13. SOCIAL SECURITY
'EIGI	9B KIND OF BUSI- II	IO. BIRTHPLACE (STATE	11. CITIZEN OF WHAT	12. WAS DECEASED EVER	IN U. S. ARMED FORCES!	
DNAL	NESS OR INDUSTRY	OR FOREIGN COUNTRY)	COUNTRY		YES. WAR OR DATES OF SERVICE	1
700		Ari 20 na	U.S.A.	l No L		15B. BIRTHPLACE
TA /80	14A. FATHER'S NAME	111 1 120 1111	14B. BIRTHPLACE	15A. MOTHER'S MAID	EN NAME	(STATE OR COUNTRY)
	14A. FAIRER S NAME		(STATE OR COUNTRY)	37-1		Arizona
O	Unknown	49*	Arizona	Unknown		
· .	16. INFORMANT'S SIGN	JATURE	ADDRESS	17. DATE	(HTONTH) (E	AY) (YEAR)
X-49	, -,		O- leigen	OF	Mav	1949
	Hospital Char	r <b>t</b> San	Carlos, Arizona	DEATH	Ind.	INTERVAL BETWEEN
	18. CAUSE OF DEATH		MEDICAL C	ERTIFICATION		ONSET AND DEATH
	ENTER ONLY ONE CAUSE	I. DISEASE OR CONDIT	TIONS The	rocolitis		4 - 5 days
673	PER LINE FOR (a), (b).	DIRECTLY LEADING T	O DEATH+ (a)	TOCOLLOLD		
USE Ø	(C).	1				
	THIS DOES NOT MEAN ANTECEDENT CAUSES Myodegeneration of					vears
P <b>F</b> 0	THE MODE OF DYING.	MORRID CONDITIONS, IF A	ANY, GIVING DUE TO (b)			
ĭ.TM Š	SUCH AS HEART FAIL-	I DIEE TO THE AROVE CAUS	E (41 5)A!-			
<b>ATH</b>	URE, ASTHENIA, ETC. IT MEANS THE DISEASE	RISE TO THE ABOVE CAUS ING THE UNDERLYING CA	USE LAST.		liarrhea	3 days
	URE. ASTHENIA. ETC.  IT MEANS THE DISEASE  INJURY, OR COMPLICA-	RISE TO THE ABOVE CAUS ING THE UNDERLYING CA	DUE TO (C)	Dehydration - 0	liarrhea	3 days
ATH (A 18)	URE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICA- TION WHICH CAUSED	ING THE UNDERLYING CA	DUE TO (C)	Dehydration - 0	liarrhea	3 days
	URE, ASTHENIA, ETC, IT MEANS THE DISEASE INJURY, OR COMPLICA- TION WHICH CAUSED DEATH.	II. OTHER SIGNIFICAN	DUE TO (C)	Dehydration - (	liarrhea	3 days
	URE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICA- TION WHICH CAUSED	ING THE UNDERLYING CA	DUE TO (C)  NT CONDITIONS  NG TO THE DEATH BUT NO SE OR CONDITION CAUSING	Dehydration - (	liarrhea	
A 18) (	URE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICA- TION WHICH CAUSED DEATH. PLACE DISEASE CON- TRACTED.	RISE TO THE ABOVE CAUSING THE UNDERLYING CA  II. OTHER SIGNIFICAN CONDITIONS CONTRIBUTIONS TO THE DISEASE	DUE TO (C)	Dehydration - (	liarrhea	20. AUTOPSY!
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TIONS, ZOPSY	URE. ASTRENIA. ETC. IT MEANS THE DISEASE INJURY. OR COMPLICA- TION WHICH CAUSED DEATH. PLACE DISEASE CON- TRACTED.  19A. DATE OF OPERA	RISE TO THE ABOVE CAUSING THE UNDERLYING CA  II. OTHER SIGNIFICAN CONDITIONS CONTRIBUTIONS TO THE DISEASE	DUE TO (C) TO CONDITIONS NG TO THE DEATH BUT NO SE OR CONDITION CAUSING FINDINGS OF OPERATIO	Dehydration - (		20. AUTOPSY?
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TIONS, ZOPSY ATH XENCE FICAL RONER'S ICATION	URE. ASTRENIA. ETC. IT MEANS THE DISEASE INJURY. OR COMPLICA- TION WHICH CAUSED DEATH.  PLACE DISEASE CON- TRACTED.  19A. DATE OF OPERA  21A. ACCIDENT SUICIDE HOMICIDE  21D. TIME (MONTH) OF INJURY  22. I HEREBY CERTIF ALIVE ON MAY 14  23A. SIGNATURE  24A. BURIAL CREMATION	RISE TO THE ABOVE CAUSING THE UNDERLYING CAUSING THE UNDERLYING CAUSING THE UNDERLYING CAUSING THE SIGNIFICAN CONDITIONS CONTRIBUTION 19B. MAJOR  (SPECIFY)  (DAY) (YEAR) (HOUR)  M  TY THAT I ATTENDED THE DISTRIBUTION MAINTENANCE THE COLUMN AND THAT COLUM	DUE TO (C)  TO CONDITIONS  NG TO THE DEATH BUT NO SE OR CONDITION CAUSING  FINDINGS OF OPERATIO  21B. PLACE OF INJURY FARM, FACTORY, S  21E. INJURY OCCURRING WHILE AT NOT WHILL AT WORK  ECCASED FROM MAY 1  DEATH OCCURRED AT 5:  GREE OR TITLE)  24C. NAME OF CEME	Dehydration - ( DEATH.  DIN  TOTAL  T	21C. (CITY OR TOWN) RY OCCUR?  14 19 49 THAT ID ON THE DATE STATED AB OS. ATIZONS 24D. LOCATION (CIT San Carlos,	20. AUTOPSY! YES [] NO [] (COUNTY) (STATE)  I LAST SAW THE DECEASED OVE. 23C. DATE SIGNED May 14, 1949 TY, TOWN. OR COUNTY) (STATE API ZOMA
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